Transition Age Youth (TAY) Needs Assessment: Feedback from TAY and Providers regarding TAY Services, Resources, and Training

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In the child welfare system, transition-age youth (TAY), or youth transitioning from adolescence to adulthood, have increased risk of poor outcomes and are likely to benefit from trauma-informed services and resources. This needs assessment aimed to identify strengths and opportunities for improving trauma-informed training, resources, and services for TAY and TAY providers. Results from written surveys and focus groups show TAY and providers have varying

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perspectives about the effectiveness of training, resources, and services. Implications include the need to understand issues from TAY and provider perspectives as well as ways to enhance trauma-informed services, resources, and training.

In 2017, nearly one-quarter of youth in foster care in the United States were between the ages of 14 and 21 years (Child Welfare Information Gateway, 2019). This age group, also known as transition age youth (TAY), is distinct from younger youth as they have generally spent more time in foster care, have more placement changes, have higher exposure to trauma, and exit the foster care system for different reasons such as "aging out" (Lee & Berrick, 2014; Fanshel & Shinn, 1978; Pecora & Huston, 2008; Salazar, Keller, Gowen, & Courtney, 2013; Koh, Rolock, Cross, & Eblen-Manning, 2014). Unfortunately, aging out of foster care is associated with higher risk of several poor outcomes including homelessness (Bender, Yang, Ferguson, & Thompson, 2015; Berzin, Rhodes, & Curtis, 2011), low educational attainment (Braciszewski & Stout, 2012), teen parenthood (Courtney, Dworsky, Lee, & Raap, 2010; Boonstra, 2011), and high unemployment rates (Courtney et al., 2010).

Poor outcomes in this population may be associated with unaddressed trauma. Several studies have suggested that the rates of Post-Traumatic Stress Disorder (PTSD) for older youth in foster care is roughly twice that of same-age peers in the general population (Salazar et al., 2013; Pecora, White, Jackson, & Wiggins, 2009; Keller, Salazar, & Courtney, 2010; McMillen et al., 2005; Giaconia, Reinherz, Silverman, Pakiz, Frost, & Cohen, 1995; Merikangas et al., 2010). Furthermore, while numerous youth in foster care have experienced traumatic events and may be experiencing symptoms of traumatic stress, many will not meet full criteria for PTSD (Kolko et al., 2010), meaning that their trauma symptoms may be undiagnosed, misdiagnosed, or not seen as trauma-related (NCTSN, n.d). Trauma that is undiagnosed and subsequently unaddressed or untreated can result in short-term consequences such as school difficulties, relational issues, impaired self-concept, and behavioral problems (Cook et al., 2005) as well as long-term consequences such as higher rates of physical and mental health issues and engaging in high-risk behaviors like drug abuse or unsafe sexual practices (Felitti et al., 1998). For TAY specifically, unaddressed trauma may be especially troublesome given the abrupt transition to independence after aging out (Salazar et al., 2013).

Although there has been significant progress over the last two decades in the assessment, identification, and treatment of trauma (Conradi, Wherry, & Kisiel, 2011; Hanson & Lang, 2016; Ford, Steinberg, Hawke, Levine, & Zhang, 2012, Arvidson et al., 2011; Habib, Labruna, & Newman, 2013), child protective agencies have typically focused on behavioral and emotional needs (e.g., high risk behaviors, externalizing behaviors) rather than focusing on addressing underlying trauma (Kisiel & Lyons, 2001; Kletzka & Siegfried, 2008). Additionally, while the need for a trauma-informed approach across child-serving systems is well-recognized (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, Brymer, & Layne 2008; Klain & White, 2013), many existing models (e.g., Sanctuary Model) require great commitment in terms of cost and time (Reece et al., 2014). Furthermore, some providers report barriers to using trauma-informed interventions including lack of training, time to administer screening tools and make referrals, and experiences of secondary trauma (Conradi et al., 2011). Despite these barriers, there is still widespread interest within child-serving systems for expanding trauma-informed care, increasing training, and overcoming gaps between research and practice (Hanson & Lang, 2016; Grillo & Lott, 2010; Rycus & Hughes, 2003; Baweja, Santiago, Vona, Pears, Langley, & Kataoka, 2016; Ko et al., 2008; Ko, 2007).

In response to this interest and the trauma-focused needs of TAY, the Center for Child Trauma Assessment, Services, and Interventions (CCTASI), of the National Child Traumatic Stress Network (NCTSN), conducted a formalized needs assessment in Illinois that gathered direct feedback from TAY and TAY providers focused on trauma-informed care. The Illinois TAY Needs Assessment compared and contrasted the experiences and feedback from TAY and their providers across four aims:

1. To better understand TAY as a population, specifically how TAY and their providers describe their needs, strengths, barriers, and strategies for coping with trauma.
2. To better understand how TAY and their providers work together day-to-day, including whether and how providers use

a trauma-informed lens and what strategies have been most and least effective in responding to the effects of trauma;

3. To explore what types of trauma trainings providers have already participated in, what content and approaches have felt most beneficial in practice, and ideas for topic areas that would be helpful in a new training focused on trauma-informed work with TAY; and
4. To gauge what trauma-informed services and resources are currently available for TAY, which services TAY engage in, how effective those services and resources feel in practice and in various settings, and how services and resources could be improved, especially in terms of addressing additional needs or gaps.

Aims were identified by the research team and specifically queried to help gather information that might be helpful in improving trauma-informed services and resources.

Method

Participants

The Illinois TAY Needs Assessment was conducted between April 2017 and February 2019 at five provider locations. Participants were limited to providers who work with TAY and TAY who receive state-sponsored services in Illinois.

Participants were recruited through organizational relationships made via the Illinois Department of Children and Family Services (IDCFS). While the NCTSN describes transition age youth more broadly across systems (NCTSN, n.d.), the focus of this needs assessment was focused on TAY in child welfare between the ages of 14 and 21 years old. As this project focused on improving the quality of services, resources, and training for TAY providers, it was exempt from Northwestern University's Institutional Review Board, and written consent was not required. However, prior to each focus group, the aims of the project were explained and verbal consent, or assent for TAY

under 18 years, was obtained. To further protect the privacy of TAY, especially as focus groups were small, there were no sign-in sheets, and no identifiable information was recorded.

Materials and Procedure

The needs assessment consisted of two distinct mechanisms:

1. A brief 18-question written survey.
2. A focus group discussion facilitated by Northwestern University CCTASI staff.

The written survey gathered anonymous information on basic demographics and opinions of TAY and TAY providers. Ten Likert-scale questions were designed to assess the availability, accessibility, and quality of trauma-informed services, trainings, and resources in several settings (e.g., school and community) and across types of needs (e.g., educational, vocational, independent living skills, emotional and behavioral). TAY and providers could respond on a scale of 1 to 5, where 1 represented "strongly disagree" and 5 represented "strongly agree." Questions were written initially for providers and adapted in parallel for TAY. A list of the Likert-scale questions can be found in Table 1. Additional open-response questions asked participants to list three of each: TAY strengths, coping strategies, barriers and challenges, and additional supports needed for successful transition to adulthood. The written survey designed for TAY included 19 questions while the provider survey included 17 questions. The two additional questions asked about services TAY received and previous placement type.

The focus group discussion was structured by a list of 15 questions. The discussions had the intent of gathering specific qualitative data related to each of the four aims while remaining open to unprompted feedback.

Procedure

Project staff facilitated each focus group, which ranged between four and 10 participants and lasted 45–90 minutes. At the beginning of

the sessions, participants were asked to fill out the brief written survey. Afterward, project staff explained the purpose and facilitated the semi-structured focus group discussion. Focus groups were not recorded to ensure privacy. A meal was provided at the beginning of each focus group, and TAY received a gift card for their participation.

Analytic Method

Both quantitative and qualitative analyses were used to generate conclusions. The written surveys were analyzed quantitatively in three parts: (a) demographics, (b) Likert-scale questions, and (b) open-response questions. Participant demographics were summarized and reported. Responses to Likert-scale questions were averaged across TAY and provider and across questions to determine with which questions TAY and providers tended to agree and disagree. Because the sample size was small and the variance in responses was low, more complex analyses were not conducted. Open-response questions were analyzed by calculating the frequencies of phrases and words across responses. R, a statistical software that can be used for text analysis (Welbers, Van Atteveldt, & Benoit, 2017), was used to generate TAY and provider word frequency graphs and lists for each open-response question. Each frequency graph shows the percent of participants that used the ten most common words in response to the indicated question. Word frequency lists were compiled for each open-response question, and visual lemmatization was conducted to combine similar words such as "resilience," "resiliency," and "resilient." These lists were used to create word clouds to depict responses such that higher word frequency was indicated by larger physical size of each word. R was also used to create a word usage comparison graph, which shows the correlation of words used by TAY and providers across the four open-response questions. On the comparison graph, the X-axis indicates what percent of providers used a word while the Y-axis indicates what percent of TAY used the same word. Words closest to the center line were used with similar frequency by TAY and providers. While the frequency graphs and word clouds only show the

most frequently used words by each group, the comparison graph allows visualization of word use across the two groups.

The focus group discussions were analyzed qualitatively as concepts were related to TAY and providers' opinions, field experience, values, and behaviors. Responses were analyzed by combining all the discussion transcripts, and then, content was coded to determine the primary themes emerging for each of the four aims. Once key themes were identified, content was ordered by whether the idea was put forth by the group or an individual, giving increasing weight to ideas put forth by more participants. In certain cases, quotes from TAY and providers were used to clarify, emphasize, or counter points made during the discussion.

Results are organized by the four needs assessment aims, which are more simply referred to as the following: (1) understanding TAY; (2) experience working with TAY/providers; (3) trauma training for TAY providers; and (4) trauma-informed resources and services for TAY.

Results

Participant Demographics

Participants included a total of 34 transition age youth and 95 providers who represented over 16 organizations serving TAY.

TAY were recruited from residential placements, pregnant and parenting teen programs, and transitional living placements. On average, TAY were 18.4 years old (range 14–21; *SD* = 1.8). The majority of TAY in the sample (88%) had involvement with child welfare. TAY spent an average of 1.4 years at their current living placement (range 0.1–5; *SD* = 1.3). Most TAY identified their previous placement as "Independent Living" (31%) while others described living previously with foster parents (19%), birth parents (16%), transitional living placements (13%), group homes (6%), residential treatment centers (6%), hospitals (3%), shelters (3%), or the Illinois Department of Juvenile Justice (3%). Although not formally recorded to increase privacy protection, TAY represented various genders, sexual orientations, and races/ethnicities.

Providers served in various roles such as direct service staff (51%), clinicians (13%), supervisors (18%), and higher-level administrators (7%). Many providers worked with TAY in urban settings (80%), while others reported working statewide (5%), in urban and suburban areas (4%), in suburban areas only (1%), and in urban and rural areas (1%). On average, providers had 11.1 years of experience working with TAY (range 0.2–30; *SD* = 7.8). While some providers had less than one year of experience working with TAY (7%), most providers had over five years of experience (74%).

Aim 1: Understanding TAY

The four open-response questions on the written survey were designed to solicit anonymous and spontaneous feedback regarding how TAY and their providers describe TAY needs, strengths, barriers, and strategies for coping with trauma to better understand TAY and perceptions of TAY across TAY and providers. Results are presented as word clouds, word frequency graphs, and a word usage comparison graph (see Figures 1–17).

Figure 1. Most Frequent TAY Responses: Three Primary Strengths of TAY

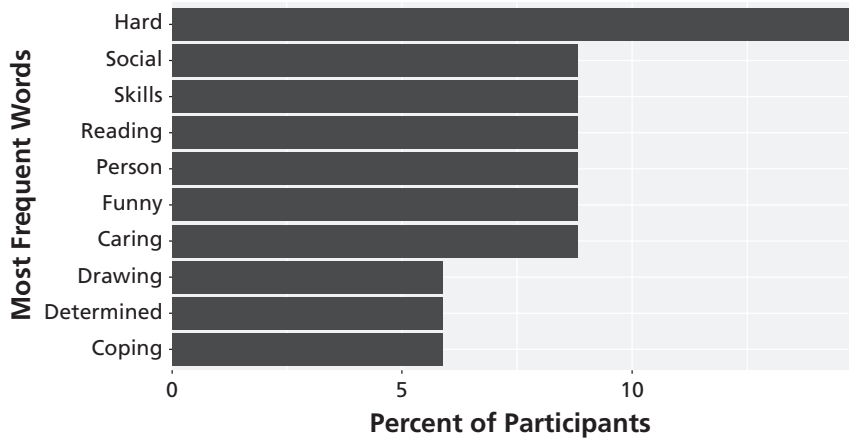


Figure 2. Word Cloud of TAY Responses: Three Primary Strengths of TAY

Findings from the word cloud and word usage comparison graph show that TAY and their providers identified comparable top strengths, sharing similarly positive words like "hardworking," "resilience," "independence," and "skills." Parallels also existed between TAY and provider responses to questions about challenges and barriers and additional supports needed to successfully transition. Both TAY and providers utilized words associated with "resources," "services," "supportive people," and

Figure 3. Most Frequent Provider Responses: Three Primary Strengths of TAY

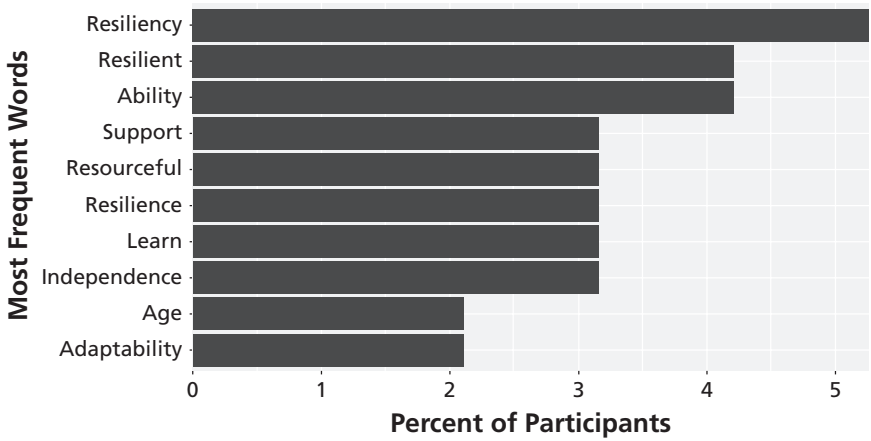


Figure 4. Word Cloud of Provider Responses: Three Primary Strengths of TAY

"mentorship" when describing the needs for this population. Providers and TAY had conflicting responses when asked to describe TAY coping strategies. TAY providers focused almost exclusively on maladaptive coping strategies including "drugs," "violence," "acting out," and "sex." TAY, on the other hand, described adaptive coping strategies almost entirely, including "music," "family," "friends," and "talking."

Figure 5. Most Frequent TAY Responses: Three Common Coping Strategies of TAY

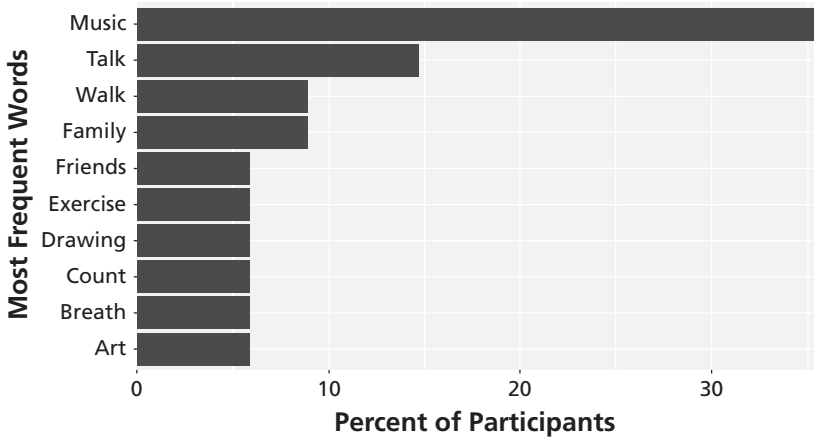


Figure 6. Word Cloud of TAY Responses: Three Common Coping Strategies of TAY

While the word frequency graphs only capture the top ten most frequent responses and although the word clouds are a more comprehensive visual depiction, the word usage comparison graph allows for a better direct comparison of similar words between the two groups. For instance, while "drugs" is the most frequent answer given by providers regarding common coping strategies, the comparison graph indicates

Figure 7. Most Frequent Provider Responses: Three Common Coping Strategies of TAY

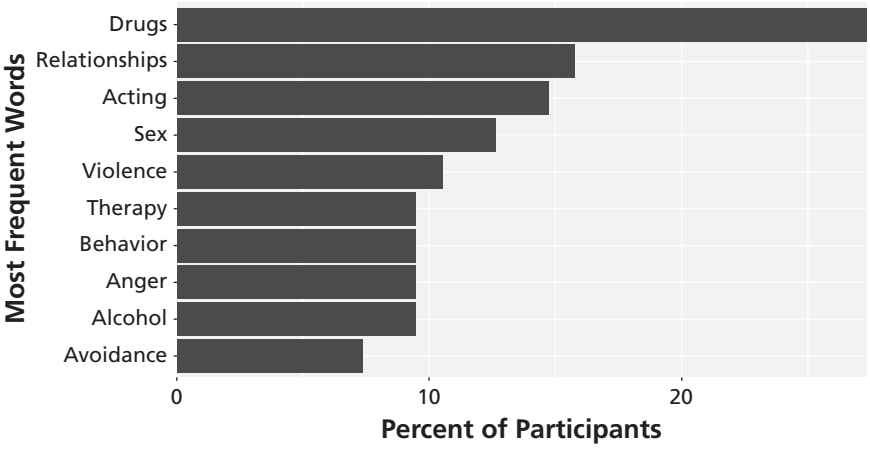


Figure 8. Word Cloud of Provider Responses: Three Common Coping Strategies of TAY

that TAY never use this word in their responses. On the other hand, words such as "social," "anger," "family," "skills," "trauma," and others hover toward the center diagonal of the comparison graph indicating that those words are used more evenly by TAY and providers when considering TAY strengths, barriers, common coping strategies, and additional supports (see Figure 17).

Figure 9. Most Frequent TAY Responses: Three Common Barriers or Challenges for TAY Coping with Trauma

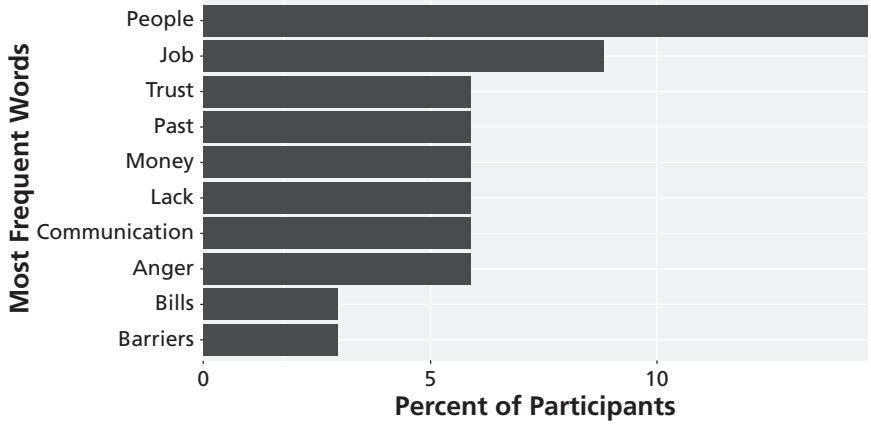


Figure 10. Word Cloud of TAY Responses: Three Common Barriers or Challenges for TAY Coping with Trauma

During the focus group discussion, TAY were asked four unique questions that were not asked as part of the provider focus group but sought to help better understand TAY. The questions and selected responses are highlighted below. Responses were selected if the statement was a theme of the group or if it advanced a unique and compelling

Figure 11. Most Frequent Provider Responses: Three Common Barriers or Challenges for TAY Coping with Trauma

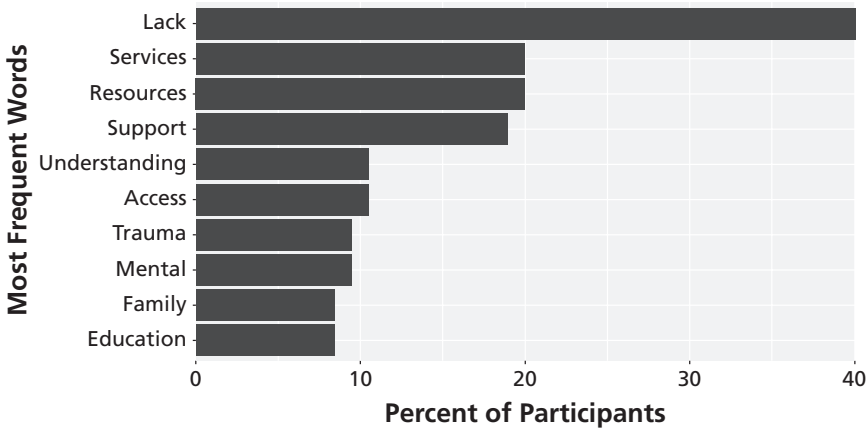


Figure 12. Word Cloud of Provider Responses: Three Common Barriers or Challenges for TAY Coping with Trauma

perspective. Direct TAY responses are included in quotes to emphasize the importance of youth voice.

First, facilitators asked TAY, "What do you wish providers knew?" Responses included: "We are kids. We are going to make mistakes;" "I feel like they punish kids for being kids. How am I going to learn to be in society if I don't get a chance to mess up?" and "I'm a person.

Figure 13. Most Frequent TAY Responses: Three Additional Supports to Help TAY Transition to Adulthood

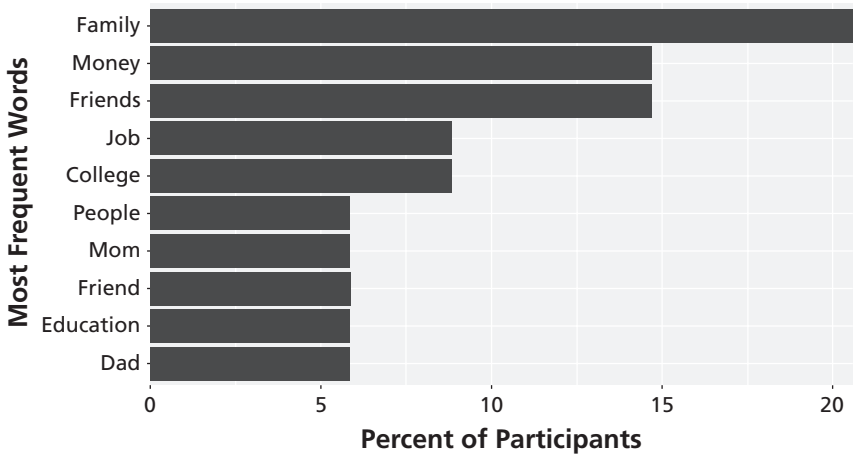


Figure 14. Word Cloud of TAY Responses: Three Additional Supports to Help TAY Transition to Adulthood

Not a file. Not a number. I've made mistakes. I've been through things. It's not my fault."

The second question was, "What are you most proud of?" Responses included: "I'm not supposed to be alive, but I'm alive;" "Becoming the person I am today, through the system. I'm proud of myself. I didn't think I would make it this far;" and "How I got this far. It was hard."

Figure 15. Most Frequent Provider Responses: Three Additional Supports to Help TAY Transition to Adulthood

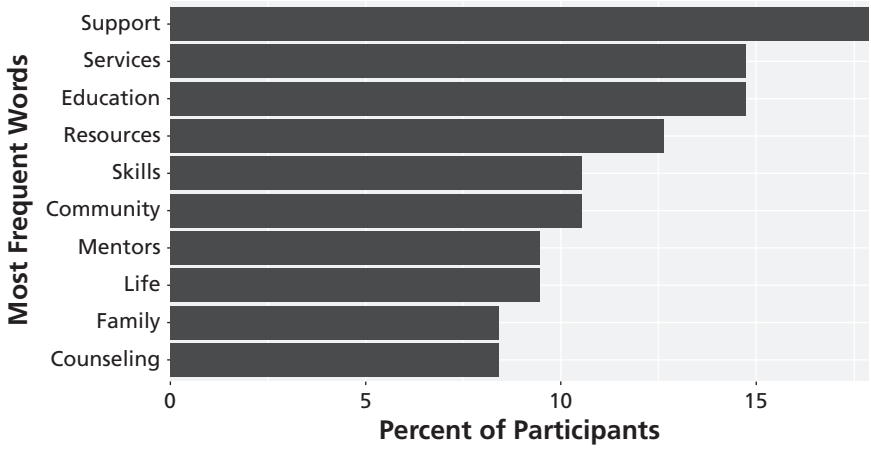
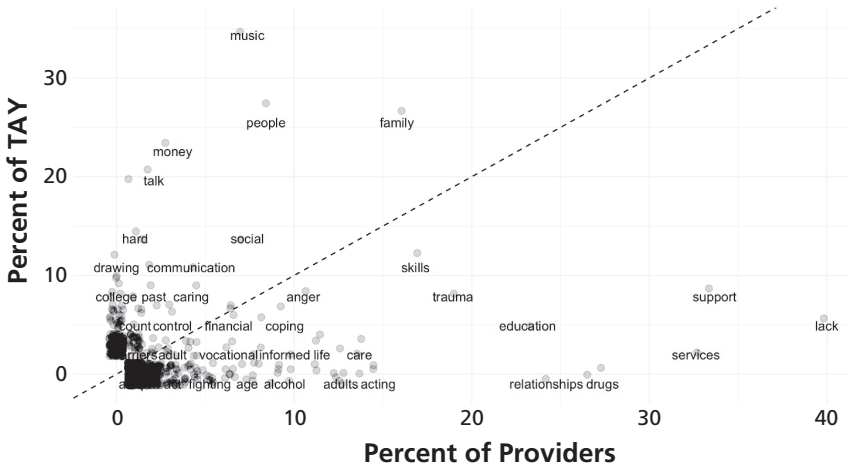


Figure 16. Word Cloud of Provider Responses: Three Additional Supports to Help TAY Transition to Adulthood

The third question was "What advice would you give to a younger TAY in your shoes?" Responses included: "Keep your head up and stay strong;" "Fight for your freedom, your future;" "Talk about your experiences, especially to see how much you've grown;" "Take advantage of every opportunity you get;" "Don't care about what anyone else says

Figure 17. Comparing Word Usage Frequencies from Survey Questions between TAY and Providers



about you. What you think about yourself is what matters;" and "Don't be afraid to fail."

Finally, when asked "What are your goals for the future?" TAY described joining the military, investing in their education (e.g., certificates, graduate school), parenthood, owning a house, and pursuing careers.

Aim 2: Experience Working with TAY Providers

During the focus group discussion, TAY and providers offered many insights based on working with each other. Both agreed that when working together, it is important for providers to focus on strengths, involve TAY in planning and decision-making early and often, empower TAY through asking questions and offering options, establish safety and trust, set clear and consistent boundaries, and develop a shared sense of respect.

TAY also described their desire for providers to treat them fairly and to level power dynamics whenever possible by avoiding labels, judgement, assumptions, and favoritism. TAY shared that they feel supported when providers listen, spend quality time with them, model behaviors they expect to see, offer honest feedback, and look past case files to get to know each TAY individually.

Providers shared that they have a lot of experience working with TAY, which has helped them develop effective strategies. They agreed that years of experience cannot be replaced with training and described how their direct experience working with TAY was the best 'training' they had received. When working with TAY, providers stressed the need to understand trauma triggers, reactions, and behaviors, celebrate small successes, and create spaces for TAY to open up and share. Additionally, providers mentioned their responsibility to instill hope in TAY and change unhelpful narratives. Providers acknowledged that if TAY hear positive things from more people, "They begin to believe they have worth, and they own that." Providers mentioned being mindful

of tone, body language, and words used when working with TAY. They described how having compassion, showing empathy, and not taking things personally went a long way in helping TAY.

Aim 3: Trauma Training for TAY Providers

During the focus group discussion, providers were given an opportunity to reflect on the most effective components of trauma trainings. They shared that training was most effective when it was collaborative and when the "whole system was trained" including all levels within an organization "from the principal to the janitor." Providers opined that training was most successful when it was engaging and interactive. Providers described wanting less paperwork and more role-playing, open dialogue, time for reflection, and embedded success stories. Providers shared that regular, ongoing trainings were a necessity, especially due to high turnover and new staff and that beneficial training left them with concrete resources, ways to follow-up, and information about local community services.

When asked about the content of trauma trainings, providers shared that some trauma trainings seemed redundant and lacked new material and concrete strategies for working with TAY. To enhance trainings, providers suggested topics on how to talk to TAY about trauma, teach conflict resolution and positive coping strategies, respond to TAY in a non-judgmental way, support TAY when they are trying to reconnect with biological family, navigate difficult relationships, and develop healthy relationships in general, help TAY when they are triggered, empower TAY to advocate for themselves; identify and track positive changes in TAY and the child welfare system more broadly, and address burnout, vicarious trauma, and self-care.

TAY added that providers would benefit from training that incorporates harm reduction strategies, information about adolescent mental health, and empathizing with TAY. One TAY suggested that residential staff use a "time machine, go in the past, feel our trauma, and come back."

Aim 4: Trauma-informed Resources and Services for TAY

On the written survey, TAY and providers answered ten Likert-scale questions, conveying their level of agreement with statements about TAY needs in general and specifically related to trauma-informed resources and services. When compared to providers, TAY had a higher average mean for all questions; therefore, question rank was also ascertained for TAY and providers. A rank of 1 indicated that the statement was the most agreed-upon statement while a rank of 10 indicated that the statement was the least agreed-upon. In response to the Likert-scale questions within the written survey, TAY agreed most that they "have the tools I need to cope with my trauma so I can be successful in adulthood," while providers agreed most that "TAY are offered services that are sufficiently meeting their needs toward vocational skills." TAY and providers both agreed least that TAY "are offered services in their educational setting that recognize and address the impact of trauma." As underscored by these selected responses, TAY and providers had areas of agreement and disagreement about what is needed and how to improve. Questions, TAY and provider response means, and respective question ranks are provided (see Table 2). Notably, the biggest difference between TAY and providers in question rank occurred for "I believe I have the tools I need to cope with my trauma so that I can be successful in adulthood." While this question was at the top of the list of questions TAY agreed most with, it was nearly at the bottom for providers. Findings from the word clouds and word usage comparison graphs suggest that TAY and their providers similarly identified a lack of services and resources as a major challenge or barrier for TAY. When asked to identify what additional supports TAY need to succeed, responses included "mentorship," "education," "social support," as well as words indicating the need for more financial resources.

On the written survey, TAY were asked to indicate if they were currently receiving specific services or if they had received those services at any point in the past. Health, educational, and mental health services were the three most common services that participating TAY received

(either currently or historically) (see Table 1). Despite the frequency with which providers listed "drugs" and "alcohol" as a strategy that TAY commonly use to cope with their trauma, few TAY endorsed receiving substance abuse services currently or in the past.

Table 1. TAY Focus Groups: Illinois TAY Participants Receiving Services

Service	Currently Receiving		Received in the Past	
	n	%	n	%
Health	21	62%	16	47%
Educational	19	56%	15	44%
Mental Health	18	53%	17	50%
Financial	16	47%	8	24%
Human Services (e.g., SNAP)	16	47%	10	29%
Vocational/Employment	13	38%	12	35%
Substance Abuse	2	6%	6	18%
Other (as defined by TAY)	1	3%	1	3%

Note: The total number of TAY represented equals 34.

When reflecting in the focus group discussions on effective resources and services for TAY, providers described a variety of engaging activities that support self-regulation and de-escalation. Some of the activities included yoga, mindfulness, meditation, and using a "coping skills jar." Other providers discussed using games and activities to help TAY engage during meetings, mentors and peer mentors to help TAY cope with their trauma experience(s), and internal inspiration like one's religion or faith. Providers shared several recommendations for improving existing resources and services such as fostering transition skills and services early on, making resources more technologically advanced, involving TAY in resource development, and providing mentorship and educational supports. Providers agree that resources and after-care services are limited, are not conveniently located, and would go further if they were shared more effectively among organizations and partners. They expressed the

Table 2. TAY Needs Assessment Written Survey Illinois

TAY Survey Question	TAY Mean	TAY Rank	Provider Mean	Provider Rank
I believe I have the tools I need to **cope with my trauma** so that I can be successful in adulthood	3.94	1	2.68	8
I believe that there are services **in my community** that are meeting my **emotional and behavioral needs**	3.91	2	2.87	2
I believe that I am offered services that are sufficiently meeting my needs toward **vocational skills**	3.76	3	2.89	1
I believe that I am offered services that are sufficiently meeting my needs toward **independent living skills** (e.g., ability to maintain structure, finances, and routine, ability to care for myself including daily self-care, ability to maintain personal relationships)	3.73	4	2.8	5
I believe that I am offered services that are meeting my **educational needs and goals**	3.64	5	2.87	2
I believe that there are services offered **in my educational setting** that are meeting my **emotional and behavioral needs**	3.61	6	2.59	9
I believe that I am offered services that are sufficiently meeting my needs toward **learning to build and maintain healthy relationships with others (including caring adults)**	3.61	6	2.86	4
In Illinois, I believe services are **available and easy to access** for TAY and families like mine	3.45	8	2.72	7
I believe that there are services **in my community** that recognize and address the impact of trauma	3.39	9	2.76	6
I believe that I am offered services in my **educational setting** that recognize and address the impact of trauma	3.24	10	2.46	10

Notes: The table above includes a total of 34 TAY surveys and 95 provider surveys. Questions with the same group mean received the same rank.

need for more platforms to share resources and learn about resources that already exist. Providers showed optimism that sharing resources may help combat the ever-present issue of a lack of funding.

Related to improvement, TAY shared a desire for services and resources that were more catered to their specific needs. TAY shared both positive and negative experiences with various vocational services. Some appreciated the basic skill development of creating a resume, completing applications, and practicing for job interviews. Others felt that services were redundant and did not meet more advanced needs (e.g., applying for specific positions). One TAY reflected that he never received an electronic copy of his resume and had to recreate it "every time I apply for a job."

Discussion

The Illinois Transition Age Youth (TAY) Needs Assessment aimed to gather direct feedback from TAY and providers to better understand TAY; how TAY and providers work together; what types of trauma-informed services, resources, and training exist; and how those could be improved to support positive outcomes for TAY. By posing questions to TAY and TAY providers, the similarities and differences in their responses can highlight how both groups understand this population. In some cases, TAY and providers responded similarly which should be used to help fortify understanding around those trauma-informed practices. In other cases, they responded with notably different or conflicting perspectives which should be acknowledged and worked on to increase alignment. For example, there were significant differences in responses to questions about coping. Providers and TAY disagreed about TAY's access to tools to cope with trauma and the various ways TAY cope with trauma. During focus groups, providers described TAY coping behaviors in a negative way (e.g., drugs) while TAY described more positive coping behaviors (e.g., music). These differences may suggest that TAY and providers have a different understanding of the definition of coping or a different level of awareness or openness when

acknowledging coping strategies. Regardless, these incongruences can impair the relationships between providers and TAY with negative outcomes. Challenges in communication between foster youth and their providers have been identified as a major challenge for youth as they transition out of foster care (Scannapieco, Connel-Carrick, & Painter, 2007) and may be an area for additional provider training.

Feedback from both TAY and providers illustrate that the experience of working with TAY is more positive when providers are strengths-based, empower TAY, and encourage shared respect. This finding is congruent with existing research which has found that the most effective providers empowered TAY, encouraged collaborative decision-making alongside TAY, and fostered trust in TAY's ability to make decisions (Piel & Lacasse, 2017).

Findings of this needs assessment have implications for resources and services for TAY. For instance, given that TAY listed "music" most frequently as how they cope with trauma, perhaps service providers could incorporate listening to music or discussing music lyrics into their services. Incorporating creative expression in this way has been found to increase TAY involvement and outcomes in services (Munson & Lox, 2012).

Additionally, providers most frequently indicated "drugs" as how TAY cope with trauma, yet the receipt of substance abuse treatment was endorsed least by TAY. This discrepancy could represent a challenge in connecting TAY to the services they need. On the other hand, the inconsistency could mean that TAY are not seeing substance use as a negative coping strategy that needs to be addressed, that providers are overemphasizing TAY substance use, or that providers are uncomfortable broaching this topic. Further exploration should be pursued to gain more insight into these issues to continue to improve the trauma-informed services, resources, and training by adapting them to the specific needs of TAY and providers serving TAY. By improving communication and understanding between TAY and providers and enhancing TAY-provider relationships overall, providers may more easily connect TAY with the services and resources needed to foster growth, development, and stability (Scannapieco, Connel-Carrick, & Painter, 2007).

This needs assessment has several strengths and limitations. Unlike other TAY needs assessments, this focused on trauma-informed services, training, and resources to benefit TAY and improve outcomes which has the potential to enhancing existing services. Additionally, the assessment included both TAY and providers in a way that allowed for direct comparisons of their responses and feedback. Yet, while many provider agencies, provider roles, and TAY were represented, this group is not a complete or total representation of all TAY or TAY providers within child welfare settings. This population subset contained a large percentage of urban providers, and no providers identified as working only in rural areas which may limit the generalizability of the findings. Next, especially with the Likert-scale questions, there was a lack of variance and small sample sizes between groups, which limited analyses and conclusions. Overall, the opinions represented in this report only represent the experiences of the TAY and providers present and only focused on gathering information about trauma-focused resources, tools, and training within the limited scope of this work.

Future iterations of this work should expand the size and diversity of the TAY and provider sample to support scaling solutions, resources, support, and training for the larger TAY population. Furthermore, future needs assessments could focus on other important areas of TAY experience including the importance of building and maintaining healthy relationships.

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